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DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

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MINUTES

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: March 24, 2015
9:00 a.m.

Carson City: Aging and Disability Services Division
3416 Goni Road, D-132
Carson City, NV 89706

*Please note that some of the agenda items were discussed out of order.

- I. Ms. Crandy called the meeting for the Commission on Autism Spectrum Disorders to order at 9:00 a.m.

Members Present: Jan Crandy, Mary Liveratti, Korri Ward, Shannon Crozier

Members Absent: Keri Altig

Guests: Julie Ostrovsky, Jan Marson, Bobbie Gang, Michele Tombari, Mark Olsen, Ken MacAleese, Robert Johnson

Staff Present: Brook Adie, Julie Kotchevar, Carissa Russell

A quorum was declared.

- II. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Ms. Bobbie Gang told the Commission she wanted to discuss AB307 which is an act related to mental health; revising provisions concerning certain support, education and care for children with intellectual disabilities and related conditions. She said the intent of the bill is to address problems at the group homes for children with intellectual disabilities and aggressive behaviors. The intent is to provide more intensive behavioral and other services to children before they are sent to out-of-state residential treatment

centers. There will be a friendly amendment that will be presented at the time the bill is presented the following Monday afternoon. It will be to narrowly define the population the bill is addressing and the services that will be provided. It spells out the responsibilities of the county. In Section 3 it requires reporting by ADSD regarding the project created by this bill and reporting by the counties to tell what services they are providing. They are hoping the bill will be revenue neutral. Because it is a pilot project, they are suggesting the Medicaid waiver be applied, for that will use some money to send children out of state to support this pilot project to the state. She added that she hopes the Commission will be able to support the bill.

Ms. Crandy asked since Medicaid will be covering ABA therapy, if they can receive ABA therapy to address aggressive behavior before they are sent out of state. Ms. Gang said some of the children are already receiving the services and the bill is aimed at the children that did not receive the ABA therapy at an early age that still continue to have aggressive behaviors and need to be in the ISLA group homes. The homes are not currently addressing the behavior problems effectively in her opinion. Kids are being sent out of state when they fail in a group home and it is more expensive to send them out of state and they are away from their families for 6-12 months on average. It also costs \$5000 more a month per child to send a child out of state for the services.

It will also be a place for transition when they come back to the state so that their behavior programs can be continued until such time that they are stabilized. Ms. Crandy asked if in the bill it states that behavior analysts are overseeing these behavior programs. Ms. Gang said it does not specify who will be providing the services and she is waiting to see what the amendment is going to be. Kevin Schiller from Washoe County is working on the amendment and knows he will be talking to Jane Gruner.

Ms. Crozier asked if the training can be specified in the bill. She added more funding for the homes does not help with the untrained staff. Ms. Crandy said they need to ask for a friendly amendment. Ms. Crozier said because it is a pilot program they need to ensure the highest level of care possible is provided. Ms. Gang said she agreed and asked if the Commission can possibly write an amendment.

Ms. Kotchevar said Ms. Gruner is in the process of working on an amendment to revise some of the language. Mr. Olsen said he is familiar with the bill. He added it would be a disservice to the individuals if upon their return there is no place for them to go. The State needs to focus on workforce development and encouraging providers to develop the settings and services so that it makes sense to bring them back.

Ms. Crozier asked if the pilot program is aimed at bringing kids currently out of state back or preventing kids from escalating to the point where they need to be sent out to different states. Ms. Crandy read “the wrap-around services provided by the pilot program must include without limitations preventative services that allow a child with intellectual disabilities or a child with a related condition to remain in his or her home, respite care for the primary caregiver, food and lodging expenses for such a child who resides in a residential facility for groups. Other wrap-around services that the pilot may provide including without limitations: day rehabilitation, residential support services, consultation, training and intervention to improve behavior, counseling, nutrition counseling, nursing services, assistance with acquisition of life skills and community participation that is provided in the residence of a child with an intellectual disability or a child with a related condition, nonmedical transportation, career planning, supported employment and prevocational services and the cost of providing supplemental services to a child with an intellectual disability through the program created pursuant to subsection 1 must not be greater than the cost of placing the child in residential treatment outside this State.”

Ms. Crandy said it’s either \$5000 a month which can definitely cost less than that to get a lot of the services. She said the area which needs stronger language would be under consultation, training and intervention to improve behavior and assistance with acquisition of life skills.

Mr. Olson pointed out it would be for counties whose population is 100,000 or more.

Ms. Marson told the Commission that the rural children are pulling down a lot of money. They have a lot of out-of-state placement and she said all the pilots and programs make them feel that they are pushed aside. She said with the wrap-around expansion, they did some rural but doesn’t see why they couldn’t include rural.

Ms. Kotchevar said the reason why it is written that way is because the statute requires all the counties to pay for services for children. She said each of the rural counties decide what they will pay for and what they will not pay for. She added each of the rural counties would individually agree to come on the bill. She added they would need more specific language so the rural counties can decide if they want to pay for it.

Ms. Marson asked if they can backdoor using EPSDT to expand and create wrap-around. Ms. Kotchevar said you would have to talk to Medicaid and determine there is a medical necessity. She added the EPSDT does allow you to petition for the medical necessity to get a broader access to services for kids. Ms. Marson said in the rural areas, you have to drive an average of

147 miles for any type of service. She added the kids are going into the higher levels of service and it's becoming a crisis.

Ms. Liveratti said if the pilot is successful and they can access the Medicaid dollars, they would have the ability to expand out in the rural since the counties wouldn't have to come up with as much money.

Ms. Ward asked when children go out of state, if it is funded through the state rather than the county. Ms. Kotchevar said once the kids are placed out of state, they are fully funded by Medicaid at that point.

Ms. Liveratti asked if the rural children can be part of the pilot. Ms. Kotchevar said they would have to get the counties to agree. She added when the kids are placed out of state, Medicaid covers the cost.

III. Discussion and Recommendations for Bills Related to Autism and Disability Services

Ms. Liveratti asked whether the Commission would like to send Ms. Gruner a message to let her know the concerns or work to develop a friendly amendment. Ms. Ward said she would like to work with Ms. Gruner to have the BCBA component to ensure the kids receive what they need. Ms. Crandy said they also need to add the licensed psychologist for the older kids.

Ms. Ward made a motion to make the suggestion to Ms. Gruner to include an amendment to AB307 that BCBAs or licensed psychologists will oversee the individualized behavioral programming. Ms. Crozier seconded the motion. The motion passed.

Ms. Liveratti clarified that the concern will be sent to Ms. Gruner and will ask her to revise the friendly amendment.

Ms. Crandy suggested that she can write the friendly amendment and submit it to Ms. Gruner. The Commission agreed.

Ms. Crozier told the Commission that it has come to her attention repeatedly that there is a concern about how the ADOS is being used as a standalone tool for diagnosis. She added there is concern about who is administering and how well it is being administered. She said they are being given the ADOS in order to get them on the ATAP waitlist. Ms. Crandy said she has seen the school districts and Early Intervention give the ADOS which is done with a multidisciplinary team and asked who she was referring to in particular. Ms. Crozier said she was not able to disclose that information. Ms. Crozier added that she didn't think that ATAP was encouraging it but wanted to make the Commission aware of it.

Ms. Kotchevar said ASD has seen a diagnosis come from a pediatrician's script pad. Ms. Crandy said if they are a pediatric neurologist, then that is fine. She added that in the application process for ATAP, it asks for the specific doctor who has the credentials to accept.

Ms. Kotchevar suggested adding this as an agenda for next meeting to discuss establishing best practices and informing parents about diagnosis. Ms. Crozier agreed that they need to discuss. Ms. Liveratti said they can ask ATAP to put together a workgroup to come up with best practices and policy.

Ms. Liveratti told the Commission she sat in on the meeting with the Legislative subcommittee for CSPD. She informed the Commission about the following bills:

-AB5 is the bill that is dealing with day and job training services for persons with intellectual disabilities. She informed the Commission that AB5 has not been scheduled for a hearing yet. The ABLE Act is being amended into that bill and as of that morning there was no hearing scheduled. She added there is a deadline of April 10th for all bills, unless they become dead, to have to be moved out of the committee of the first house. Ms. Kotchevar said they are expecting it to come soon. Ms. Liveratti asked if there were concerns with insurance. Ms. Kotchevar said she was unsure of any concerns with insurance but can check with Ms. Gruner.

-AB29 has passed in both houses.

-AB38 is the mental health bill that has not been heard.

-AB128 is the bill that creates the durable power of attorney for healthcare decisions to be made by adults with intellectual disabilities. It has been heard but has not been passed out of the Assembly yet. She said Mr. Olson had an amendment that he was proposing. Mr. Olson said the amendment is being fitted into AB128 which deals with the NRS that deals with the power of attorney. He said it has passed before the Assembly Judiciary Committee. It has to come before and be voted on by the Assembly to get to the Senate. Ms. Liveratti informed that when it comes before the Senate Judiciary Committee is where the amendment can be introduced. If it passes through the Senate with the amendment, that is when it goes back to the Assembly who will have to concur with the amendment that the Senate took. If it is agreed upon, it will be given to the Governor. If it is not agreed upon, they will appoint a Senate Committee to meet with the Assembly to iron out any differences.

Mr. Olson said he is optimistic since the amendment is liked and they are trying to move it forward. He added his ability to support it is based on the actual words that he sees on paper for how it comes out. Ms. Crandy said the

Commission said they would support the bills that CSPD is supporting. Mr. Olson said the initial bill that was written had significant issues that he cannot support. The amendment that is being made includes language that came out of the National Resource Center which is supported by national experts.

Mr. Olson said it has not been vetted with the places that it needs to be vetted. There is a concern that there is not a system or controls set in place to test it with individuals and the providers that are providing the services for them.

-AB157 is amended.

-AB200 has not been heard yet.

-AB223 is the bill that amends the elder abuse and vulnerable abuse statute which was heard. It adds abandonment.

-AB307 has been discussed.

-AB310 will require everyone to be under managed care that is under Medicaid. She said Karen Taycher is concerned that under managed care they have a very hard time accessing specialists. It is one to be watching. No hearing has been set.

-SB13 deals with IEPs for students with disabilities to receive standard diplomas instead of adjusted. No hearing has been set on it. She read that Julie Bowers from the Department of Education has submitted a change to allow the language to remain in the statute. The CSPD talked about submitted a letter.

-BDR 82-84 is Assemblywoman Woodbury's bill. Ms. Crandy said she met with Assemblywoman Woodbury and received some of the different adaptive behavior measures from Ms. Altig. She asked Assemblywoman Woodbury to hold off on the bill after talking with Ms. Ostrovsky. They are seeing changes that they are making to make sure that kids identified with autism have access to ABA treatment. She said after the last meeting they should trust and not move forward with this bill. Assemblywoman Woodbury suggested that they go ahead and introduce the bill in case they need a backup for the insurance bill so she is holding the bill.

Ms. Liveratti said they have to have a hearing on a bill in order to make an exemption.

-SB248 is a bill to have accommodations made for people with disabilities when they vote. It said the person would have to have a designation on your

driver's license. Mr. Brian Patchett said he would rather have the bill killed than go forward with it.

-BDR 824 was not introduced.

-BDR 978 is for independent living and assistive technology.

Ms. Crandy said she did the amendment on AB307 and will email out to everyone so they can take a look at it.

Ms. Ward said she would like to keep an eye on the different rates that are being paid by ATAP and Medicaid. She said she doesn't want to set up the system where the provider is not willing to take the rate and people are not getting the services.

The Commission agreed that the amendment that Ms. Crandy had done looked good.

IV. Update on AB6 Insurance Coverage

AB6 is the bill to remove the \$36,000 insurance cap, eliminate the CABI certificates and amend the bill to include RBTs, and also either removing the age cap or moving the age cap to age 26. She informed the Commission that her and Ms. Crandy participated in the meeting with the insurance commission on March 20th. She told the Commission that based on the meeting, she got the feeling that they were okay with the CABI. She said the sticking points were the cap and the age. They will be meeting again on the following Friday.

Ms. Crandy said she talked to Mr. Sasser who was meeting with Assemblyman Kirner and asked them if they can move the meeting. Ms. Liveratti said she sent a message to Commissioner Scott Kipper. She said she let Mr. Sasser know that the Commissioner was going to ask Assemblyman Kirner to delay the work session so they can work it out. Ms. Crandy said the age is a discrimination issue so she felt they will get that. Ms. Ward said they wanted to get more information. She made some good points with the fact that the increase in the cap will only be used by a small population and wouldn't increase insurance costs.

Ms. Ward said the county should be onboard with the Commission. The pilot program that was discussed earlier should be funded through private insurance. Ms. Liveratti said there were some valid points that were made as to how much insurance companies are paying because behavior issues haven't been dealt with. Ms. Ward said by not providing the treatments early on, they are spending more money in the long-run.

V. Update on Medicaid ABA Provider Rate Workshops

Mr. Ken MacAleese told the Commission that there is a little bit of time on the rates. The State Plan Amendment and the rates will be submitted at the same time. He said some of the items are tied into local budgets and other things that are flowing through the legislature. He said Medicaid has adopted the new coding system that is very different than what Behavior Analysts are used to.

Mr. MacAleese said a couple of the issues that are coming up are the codes that may restrict the amount of time for assessments. The observational assessments are limited and don't include all the components of an appropriate assessment. He added there are no supervision codes added which has to happen as well as management costs.

He said providers are trying to restructure what it would look like to provide the exact same service under the new coding system. He said some of the codes are difficult and confusing. There is a family training component with patient present which is only paying \$36 an hour which won't be acceptable to the provider.

Mr. MacAleese added Medicaid has done a good job with some of the rates but was unsure of others that will take more time. There is still a lot of work to be done.

Ms. Crandy asked if they talked about adjusting the \$70 for the assessment rate. Mr. MacAleese there is some latitude and they still need to have some conversations.

Ms. Liveratti asked if there was a follow-up meeting. Mr. MacAleese said he hadn't heard of one scheduled. He said there are providers that are offering only social skills and was not sure if those codes would work for them. He said there were some codes that need to be discussed by people that are more familiar and those providers need to come to the table.

Ms. Liveratti said they should ask Medicaid how they established their rates. Mr. MacAleese said he had questioned the capping of the assessment and they had said it came from the CPT Manual. He thought it came from the Tricare Manual and was not sure.

Ms. Crandy said she had spoken to some providers that said the policy piece had not been completed which backed up the rates. Ms. Crandy asked Ms. Kotchevar to give the Commission more information when they found out. Ms. Kotchevar said they were meeting with Medicaid the next day to discuss the rates and utilization and might have more information.

Ms. Crandy said she thought the rates were good. She said providers don't understand that the supervision is built into the interventionist rates, which doesn't allow you to bill extra.

Ms. Crozier asked when a BCBA does the supervision, if they bill under the BCBA code and not the interventionist code. Ms. Kotchevar said it is similar to the agency model where the BCBA employs all the interventionists. The interventionist pay is high because they are expecting that they wouldn't pay the interventionist that amount and it would be some of the supervision. She added they will be discussing the utilization. They were basing their utilization similarly to how ATAP rolls some of the cost of supervision into a supervision code but they did not build it that way.

Ms. Crozier asked if the goal was that the provider will employ the interventionist. Ms. Crandy said when the providers are billing insurance, most codes are combination codes that includes the supervision. Ms. Crozier said having the interventionist employed by the provider is a better system. Ms. Kotchevar said the confusion is that the providers haven't made that commitment yet. Ms. Crandy said they have to remember that the cost of treatment will increase when the providers employ the interventionist.

Mr. Robert Johnson said he agrees with employment of the interventionists by the providers in the rural areas.

VI. Public Comment

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

Ms. Marson said the Commission has made great progress but would like to see the Commission putting on the agenda to look at new and innovative approaches. She said she was concerned with the long waiting lines. She felt they do not have the workforce to support the ABA treatment programs. She said there is a high standard requirement but she believes in BCBAs. She said they should look at work that involves interdisciplinary teams. She said parent trainings have a lot of strong evidence. She said families are not getting case management.

Ms. Marson said she is willing to help on any of the ADOS concerns. She is the only person in the state that went to Cornell and got research reliable on ADOS. She added that only 47% of the kids that come through UCAN have autism.

Ms. Liveratti said workforce is a big demand that the Commission is concerned with.

VII. Adjournment

Ms. Crandy adjourned the meeting at 10:37 a.m.

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